

SEP 01 2006

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FAX TRANSMISSION

Total 15 pages, including cover sheetTo: Commissioner of Patents
U.S. Patent and Trademark Office

Fax no.: (571) 273-8300

From: Jeffrey P. Kushan
Tel. (202) 736-8000

Date: September 1, 2006

Re:

Serial No.: 10/660,128
Confirmation No.: 7401
Filed: Sept 11, 2004
Applicant: Avi AshkenaziGroup Art Unit: 1646
Examiner: Claire M. Kaufman
Atty. Docket No.: 22338-01016

For: DR4 ANTIBODIES AND USES THEREOF

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. § 1.8

I CERTIFY THAT THE FOLLOWING DOCUMENTS ARE BEING TRANSMITTED TO THE USPTO AT
FAX NUMBER (571) 273-8300 THE DATE SHOWN:

1. Reply/Amendment Fee Transmittal including Petition for Extension - 5 months
2. Response to Restriction Requirement and Amendment

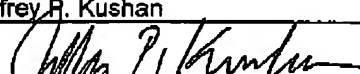

SIGNATUREYVONNE T. REGIS
PRINTED NAME1 Sept 2006
DATE

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REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	22338-01016		
		Application Number	10/660,128		
		Filing Date	September 11, 2003		
		First Named Inventor	Avi ASHKENAZI		
		Group Art Unit	1646		
AMOUNT ENCLOSED	0.00	Examiner Name	Claire M. Kaufman		
FEE CALCULATION (fees effective 01/2006)					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	114	- 37 =	77	X \$50.00 =	\$ 3,850.00
INDEPENDENT CLAIMS	15	- 18 =	0	X \$200.00 =	0.00
Since an Official Action set an original due date of April 1, 2006 petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months (\$1,580)); (5 months (\$2,160)):					\$2,160.00
If Notice of Appeal is enclosed, add (\$500.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 6,010.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE =					\$ 6,010.00
<small>(1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (5) is "0". (5) If entry (5) is less than 2, change entry (5) to "3"</small>					
METHOD OF PAYMENT					
<input type="checkbox"/>	Check enclosed as payment.				
<input checked="" type="checkbox"/>	Charge "TOTAL FEES DUE" to the Deposit Account No. below.				
<input type="checkbox"/>	No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless specifically required to obtain a filing date).				
GENERAL AUTHORIZATION					
<input checked="" type="checkbox"/>	If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:				
	Deposit Account No.	18-1260			
	Deposit Account Name	Sidley Austin LLP			
<input checked="" type="checkbox"/>	The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.				
SUBMITTED BY:					
Typed Name	Jeffrey R. Kushan			Reg. No.	43,401
Signature				Date	9/1/06